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| REPORTER | |
| DISTRICT | |
| TAPE | |
| E | |
| D.S. | |
| OFFICE | |
| REPORTER | OIL |
| REPORTER | GAS |
| REPORTER | |
| REPORTER | |

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Texaco Producing Inc.

Address
PO Box 728, Hobbs, New Mexico 88240

| | |
|---|---|
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well Recompletion Change in Ownership | Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Gashead Gas <input type="checkbox"/> Condensate |

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------|----------------|---|--|---------------------|
| Well Name East Eumont Unit | Well No. 41 | Pool Name, including Formation Eumont Yates 7-Rivers Queen | Kind of Lease State, Federal or Fee State | Lease No. B-2330 |
|-------------------------------|----------------|---|--|---------------------|

| | | | | |
|------------------|-----------------|------------------------|-----------------|-----------------------|
| Section 15 | Township 19S | Range 37E | County Lea | |
| Well Letter E | 1980 | Feet From The North | Line and 660 | Feet From The West |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

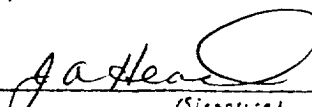
| | | | | | | |
|--|--|------------|-------------|-------------|-----------------------------------|--------------|
| Designation of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co. (0055-1951) | Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, New Mexico 88240 | | | | | |
| Designation of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp. | Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102 | | | | | |
| Well produces oil or liquids, location of tanks. | Unit D | Sec. 15 | Twp. 19S | Rge. 37E | Is gas actually connected? Yes | When 1957 |

If production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
Area Superintendent 397-3571
(Title)
7-25-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|-------------|
| Designate Type of Completion - (X) | Oil Well | Gas well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.,) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |